

Title 46  
PROFESSIONAL AND OCCUPATIONAL  
STANDARDS

Part XLV: Medical Profession  
Subpart 2: Licensing and Certification

Chapter 15. Physician Assistants

**§1503. Definitions**

A. As used in this Chapter, the following terms shall have the meanings specified:

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Applicant-a person on whose behalf the board has received an application for:

1. licensure as a physician assistant;
2. physician assistant registration for prescriptive authority; or
3. registration by a physician to supervise a physician assistant and/or to delegate prescriptive authority to a physician assistant.

Approved Application-all of the information, representations, terms, restrictions, and documents contained in or submitted with an application upon which the board has issued: a physician assistant license; a physician assistant registration for prescriptive authority; or a supervising physician registration of delegation of prescriptive authority to a physician assistant.

. . .

Bona Fide Medication Sample-a medication, other than a controlled substance, packaged by the original manufacturer thereof in such quantity as does not exceed a usual and reasonable therapeutic dosage and provided at no cost to a physician or physician assistant for administration or dispensation at no cost to the patient.

Controlled Substance-any substance designated or that may hereafter be designated as a Scheduled III, IV, or V controlled substance in R.S. 40:964.

Drug-a controlled substance or a legend drug.

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Legend Drug-any drug or drug product bearing on the label of the manufacturer or distributor as required by the Food and Drug Administration, the statement "Caution: Federal law prohibits dispensing without a prescription." Legend drugs do not include controlled substances.

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Medication-except in these rules where its use may indicate otherwise, is synonymous with "drug," as defined herein.

Medical Device-any instrument, apparatus, implement, contrivance, implant, or similar or related article, which is required under federal law to bear the label "Caution: Federal or State law requires dispensing by or on the order of a physician" and/or "Rx Only," or any other designation required under federal law. For purposes of this Chapter a "medical

device" shall not include medical lasers, microwave, pulse light, radio frequency or any other such instrument, apparatus, implement or similar equipment used for therapeutic or cosmetic purposes.

. . .

Prescribe or Prescription-a request or order transmitted in writing, orally, electronically or by other means of telecommunication, for a drug or medical device issued in good faith, in the usual course of professional practice for a legitimate medical purpose, by a licensed physician, or a physician assistant registered to prescribe medication and/or medical devices under this Chapter, for the purpose of correcting a physical, mental, or bodily ailment.

Prescriptive Authority-the authority of a physician assistant duly registered and approved by the board to prescribe legend drugs and/or controlled substances and/or medical devices, to the extent delegated by a supervising physician, in accordance with the registration on file with the board and in compliance with the board's rules,.1501-.1519 and .4501-.4515.

Primary Practice Site-the practice location at which a supervising physician or physician assistant spends the majority of time.

Protocol or Clinical Practice Guidelines-or "clinical practice guidelines or protocols," a written set of directives or instructions regarding routine medical conditions, to be followed by a physician assistant in patient care activities. If prescriptive authority has been delegated to the physician

assistant by the supervising physician the clinical practice guidelines or protocols shall contain each of the components specified by .1507.1.A.5. The Advisory Committee shall periodically publish and disseminate to supervising physicians and all physician assistants, model forms and examples of clinical practice guidelines and protocols. ~~A~~ When a physician assistant has been delegated prescriptive authority, the supervising physician and physician assistant ~~who employs clinical practice guidelines or protocols,~~ shall maintain a written copy of such clinical practice guidelines and protocols in each office location that the supervising physician and physician assistant practices. Such written clinical practice guidelines and protocols shall be available for inspection by authorized representatives of the board.

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AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1270(B)(6), R.S. 37:1360.23(D)and (F), R.S. 37:1360.31(B)(8).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Medical Examiners, LR 4:109 (April 1978), amended by the Department of Health and Hospitals, Board of Medical Examiners, LR 17:1102 (November 1991), LR 22:201 (March 1996), LR 25:27 (January 1999), LR

**§1505. Necessity for License;  
Registration of Prescriptive Authority**

A. 1. No person may act as or undertake to perform the functions of a physician assistant unless he has in his personal possession a current physician assistant license issued to him under this Chapter.

2. A physician assistant currently licensed by the board shall not prescribe medication or medical devices unless his registration for prescriptive authority has been approved by the board in accordance with this Chapter.

B. Any person who acts or undertakes to perform the functions of a physician assistant without a current physician assistant license issued under this Chapter, or prescribes medication or medical devices without or beyond registration of such authority approved by the board, shall be deemed to be engaging in the practice of medicine; provided, however, that none of the provisions of this Chapter shall apply to:

1.-2. . . .

3. any physician assistant student enrolled in a physician assistant educational program accredited by the Advisory Committee on Allied Health Education and Accreditation or its successor; provided, however, that a physician assistant student shall not be eligible for registration of prescriptive authority.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1270(B)(6), R.S. 37:1360.23(D) and (F), R.S. 37:1360.31(B)(8).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Medical Examiners, LR 4:109 (April 1978), amended by the Department of Health and Hospitals, Board of Medical Examiners, LR 17:1102 (November 1991), LR 22:201 (March 1996), LR 25:28 (January 1999), LR

**§1507.1 Qualifications for Physician Assistant Registration of Prescriptive Authority**

A. Legend Drugs/Medical Devices. To be eligible for registration of prescriptive authority for legend drugs and medical devices a physician assistant shall:

1. satisfy the licensure requirements of .1507 of this Chapter;

2. possess a current, unrestricted license to practice as a physician assistant duly issued by the board and not be the subject of a current investigation or pending disciplinary proceeding by the board;

3. have received authority to prescribe legend drugs and/or medical devices to the extent delegated by a supervising physician;

4. have completed:

a. a minimum of one year of clinical rotations during training and one year of practice under a supervising physician; or

b. a minimum of two years of practice under a supervising physician;

5. practice under supervision as specified in clinical practice guidelines or protocols that shall, at a minimum, include:

a. the methods to be employed by the supervising physician to insure supervision of the physician assistant's prescriptive authority;

b. the nature, types and classifications of medication and/or medical devices a physician assistant is authorized to utilize by the supervising physician;

c. a plan to accommodate immediate consultation by telephone or direct telecommunication with the supervising physician, or in his absence an approved locum tenens physician, to address medical emergencies, complications and other such matters;

d. a predetermined plan for emergency services, after-hours, weekend, and vacation coverage;

e. a predetermined plan for patient referrals to other physicians, emergency rooms and admission to hospitals at which the supervising physician holds privileges. Such plan shall include a statement that the physician assistant shall not seek privileges at any institution unless the supervising physician holds privileges at such institution;

f. an acknowledgment of the mutual obligations and responsibilities of the supervising physician and physician assistant to comply with all requirements of .4511 of these rules including, but not limited to, the review and countersigning of the physician assistant's written entry in the patient record of prescriptions for medication or medical devices; and

g. confirmation that the physician assistant shall not prescribe medication or medical devices if the supervising physician, or in his absence an approved locum tenens physician, is neither physically present nor available by telephone or other telecommunication device.

B. Controlled Substances. To be eligible for registration of prescriptive authority for controlled substances a physician assistant shall:

1. satisfy the requirements of .1507.1.A;

2. possess a current, unrestricted permit or license to prescribe controlled substances in Louisiana duly issued by the Office of Narcotics and Dangerous Drugs, Department of Health and Hospitals, State of Louisiana or its successor, and be currently registered to prescribe controlled substances without restriction as to the schedules delegated by the supervising physician with the Drug Enforcement Administration, United States Department of Justice (DEA). A

physician assistant authorized to prescribe controlled substances shall provide the board photocopies of his Louisiana permit and federal registration prior to prescribing controlled substances; and

3. not be deemed ineligible for registration for any of the causes set forth in 1507.1.C.

C. A physician assistant shall be deemed ineligible for registration of authority to prescribe controlled substances who:

1. has, within the five years preceding application for registration, been convicted, whether upon verdict, judgment or plea of guilty or nolo contendere of any crime constituting a felony under the laws of the United States or of any state or who has entered into a diversion program, a deferred prosecution or other agreement in lieu of the institution of criminal charges or prosecution for such crime;

2. has, within the five years preceding application for registration, been convicted, whether upon verdict, judgment or plea of guilty or nolo contendere of any crime,- an element of which is the manufacture, production, possession, use, distribution, sale or exchange of any controlled substance or who has entered into a diversion program, a deferred prosecution or other agreement in lieu of the institution of criminal charges or prosecution for such crime;

3. has, within the five years preceding application for registration, abused or excessively used any medication, alcohol or other substance which can produce physiological or psychological dependence or tolerance or which acts as a central nervous system stimulant or depressant;

4. has had suspended, revoked or restricted, his narcotics controlled substance permit, license, certificate or registration (state or federal), or who has voluntarily



surrendered to such state or federal authority while under investigation in lieu of the institution of disciplinary charges or action against such authority;

5. has had his professional license suspended, revoked or placed on probation or restriction in any manner by the board or by any licensing authority, or who has in the presence of an investigation agreed not to seek re-licensure, voluntarily surrendered or entered into an agreement with the board or with any licensing authority in lieu of the institution of disciplinary charges or action against such license;

6. has, within the five years preceding the application for registration, been denied, had suspended, revoked, restricted or relinquished staff or clinical privileges at a hospital or other health care institution following a hearing or an opportunity for hearing, as a result of professional competency or conduct or who is currently the subject of an unresolved investigation by a hospital medical staff for professional competency or conduct; or

7. has failed his most recent attempt at passage of the certification or recertification examination administered by the National Commission on Certificate of Physician Assistants (NCCPA) or its successors and has yet to sit for or successfully pass such examination on a subsequent attempt.

D. The board may deny registration of prescriptive authority to an otherwise eligible physician assistant for any of the causes enumerated by R.S. 37:1360.33, or any other violation of the provisions of the Louisiana Physician Assistant Practice Act, R.S. 37:1361.21, et. seq. or its rules applicable to physician assistants.

E. The burden of satisfying the board as to the eligibility of the applicant for approval of registration of prescriptive authority shall be upon the applicant. An

applicant shall not be deemed to possess such qualifications unless the applicant demonstrates and evidences such qualifications in the manner prescribed by and to the satisfaction of the board.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1270(B)(6), R.S. 37:1360.23(D) and (F), R.S. 37:1360.31(B)(8).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Medical Examiners, LR

**§1508.1. Qualifications of Supervising Physician for Registration of Delegation of Prescriptive Authority**

A. Legend Drugs and Medical Devices. To be eligible for approval of registration to delegate authority to prescribe legend drugs and/or medical devices to a physician assistant a supervising physician shall:

1. satisfy the requirements of 1508;
2. not currently be enrolled in a medical residency or other postgraduate medical training program;
3. be actively engaged in clinical practice and the provision of patient care and provide supervision as defined in .1503.A; and
4. have prepared and signed clinical practice guidelines or protocols that comply with .1507.1.A.5 of these rules.

B. Controlled Substances. To be eligible for approval of registration to delegate authority to prescribe controlled

substances to a physician assistant a supervising physician shall:

1. satisfy the requirements of 1508.1.A;
2. possess a current, unrestricted permit or license to prescribe controlled substances duly issued by the Office of Narcotics and Dangerous Drugs, Department of Health and Hospitals, State of Louisiana, and be currently registered to prescribe controlled substances, without restriction, with the Drug Enforcement Administration, United States Department of Justice (DEA);
3. not be employed by or serve as an independent contractor to a physician assistant or be a party to any other or similar employment, contractual or financial relationship. The board may, in its discretion, grant an exception to this requirement on a case-by-case basis where it has been shown to its satisfaction that such relationship is structured so as to prohibit interference or intrusion into the physician's relationship with patients, his exercise of independent medical judgment and satisfaction of the obligations and responsibilities imposed by law and the board's rules on a supervising physician; and
4. not be deemed ineligible for registration to delegate authority to prescribe controlled substances for any of the causes set forth in 1508.1.C of this Chapter.

C. A physician shall be deemed ineligible for registration to delegate authority to prescribe controlled substances to a physician assistant:

1. for any of the causes set forth in 1507.1.C.1-6;  
and
2. any of the causes enumerated by R.S. 37:1285A, or violation of any other provision of the Louisiana Medical Practice Act, R.S. 37:1261, et. seq. or the board's rules.

D. The burden of satisfying the board as to the eligibility of a physician for registration to delegate

prescriptive authority to a physician assistant shall be upon the proposed supervising physician. A physician shall not be deemed to possess such qualifications unless the physician demonstrates and evidences such qualifications in the manner prescribed by and to the satisfaction of the board.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1270(B)(6), R.S. 37:1360.23(D) and (F), R.S. 37:1360.31(B)(8).

HISTORICAL NOTE: Promulgated by the Department of Health and  
HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Medical Examiners, LR

**§1509.1 Physician Assistant**  
**Application for Registration of**  
**Prescriptive Authority; Procedure**

A. Physician assistant application for registration of prescriptive authority shall be made upon forms supplied by the board and shall include:

1. proof, documented in a form satisfactory to the board that the applicant possesses the qualifications for registration of prescriptive authority set forth in .1507.1 of this Chapter;

2. confirmation that clinical practice guidelines or protocols conforming to .1507.1.A.5 have been signed by the supervising physician and physician assistant;

3. such other information and documentation as the board may require; and

4. certification of the truthfulness and authenticity of all information, representations and documents contained in or submitted with the application.

B. A personal interview of a physician assistant applicant for registration of prescriptive authority by a member of the board or its designee may be required as a condition of registration for any of the reasons specified in .1509.B or for other good cause as determined by the board.

C. The board may reject or refuse to consider any application for registration of prescriptive authority that is not complete in every detail required by the board. The board may in its discretion require a more detailed or complete response to any request for information set forth in the application form as a condition to consideration of an application.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1270(B)(6), R.S. 37:1360.23(D) and (F), R.S. 37:1360.31(B)(8).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Medical Examiners, LR

**§1510.1 Supervising Physician**  
**Application for Registration of**  
**Delegation of Prescriptive Authority;**  
**Procedure**

A. Physician application for approval and registration of delegation of prescriptive authority to a physician assistant shall be made upon forms supplied by the board and shall include:

1. proof documented in a form satisfactory to the board that the applicant possesses the qualifications set forth in 1508.1 and this Chapter;

2. confirmation that the physician has delegated prescriptive authority to the physician assistant and the nature, extent, and limits thereof;

3. a description of the manner and circumstances in which the physician assistant has been authorized to utilize prescriptive authority and the geographical location(s) where such activities will be carried out;

4. confirmation that clinical practice guidelines or protocols conforming to 1507.1.A.5 have been signed by the supervising physician and physician assistant;

5. such other information and documentation as the board may require; and

6. certification of the truthfulness and authenticity of all information, representations and documents contained in or submitted with the application.

B. A personal interview of a physician applicant for registration of delegation of prescriptive authority by a member of the board or its designee may be required as a condition of registration for any of the reasons specified in .1510.B or for other good cause as determined by the board.

C. The board may reject or refuse to consider any application for registration of delegation of prescriptive authority that is not complete in every detail required by the board. The board may in its discretion require a more detailed or complete response to any request for information set forth in the application form as a condition to consideration of an application.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1270(B)(6), R.S. 37:1360.23(D) and (F), R.S. 37:1360.31(B)(8).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Medical Examiners, LR

**§1513. Issuance of License;  
Registration of Prescriptive**

**Authority; Working Permit; Updating  
Information**

A. 1. If the qualifications, requirements and procedures of §§.1507 and .1509 are met to the satisfaction of the board, the board shall license the applicant as a physician assistant.

2. If the qualifications, requirements and procedures of 1507.1 and 1509.1 are met to the satisfaction of the board, the board shall register the physician assistant's prescriptive authority to the extent delegated by the supervising physician.

B.-D. . . .

E. A working permit shall not qualify a physician assistant for registration of prescriptive authority.

F. A physician assistant is responsible for updating the board within 15 days should any of the information required and submitted pursuant to .1507, .1507.1, .1509, or .1509.1 change after the physician assistant has been licensed as a physician assistant or his registration of prescriptive authority approved by the board.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1270(B)(6), R.S. 37:1360.23(D)and (F), R.S. 37:1360.31(B)(8).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Medical Examiners, LR 4:110 (April 1978), amended by the Department of Health and Hospitals, Board of Medical Examiners, LR 17:1103 (November 1991), LR 22:203 (March 1996), LR 25:30 (January 1999), LR

**§1514. Issuance of Approval as  
Supervising Physician; Registration of**

**Delegation of Prescriptive Authority;**  
**Updating/Verification of Information**

A. 1. If all the qualifications, requirements and procedures of ~~§§~~.1508 and .1510 are met to the satisfaction of the board, the board shall approve and register a physician as a supervising physician.

2. If all the qualifications, requirements and procedures of .1508.1 and .1510.1 are met to the satisfaction of the board, the board shall approve and register a supervising physician's delegation of prescriptive authority to a physician assistant.

B. Although a physician must notify the board each time the physician intends to undertake the supervision of a physician assistant, registration as a supervising physician with the board is only required once. Notification of supervision of a new physician assistant by a registered supervising physician shall be deemed given to the board upon the physician assistant's filing with the board a notice of intent to practice in accordance with ~~§~~.1517 of this Chapter. The board shall maintain a list of physicians who are registered to supervise physician assistants and those who have registered delegation of prescriptive authority to a physician assistant.

C. Each registered physician is responsible for updating the board within 15 days should any of the information required and submitted in accordance with ~~§§~~.1508, 1508.1, 1510 and .1510.1 change after the physician has become registered as a supervising physician or registered his delegation of prescriptive authority to a physician assistant.

D. Registration of a supervising physician's delegation of prescriptive authority shall be filed with and approved by the board for each physician assistant that is to receive such authority. A supervising physician shall annually verify, on a



form supplied by the board, the accuracy of such registration information on file with the board.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1270(B)(6), R.S. 37:1360.23(D) and (F), R.S. 37:1360.31(B)(8).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Medical Examiners, LR 22:203 (March 1996), amended by the Department of Health and Hospitals, Board of Medical Examiners, LR 25:30 (January 1999), LR

**§1517.1 Expiration of Registration of Prescriptive Authority; Renewal; Continuing Education**

A. Registration of prescriptive authority shall not be effective until the physician assistant receives notification of approval from the board. Such registration and the physician assistant's prescriptive authority shall terminate and become void, null and to no effect upon the earlier of:

1. termination of the relationship between the physician assistant and supervising physician;

2. notification to the board that the supervising physician has withdrawn, cancelled or otherwise modified the physician assistant's prescriptive authority;

3. a finding by the board of any of the causes that would render a physician assistant ineligible for registration of prescriptive authority set forth in .1507.1.C. or a supervising physician ineligible to delegate such authority pursuant to .1508.1.C;

4. a finding by the board that the physician assistant has violated the Louisiana Physician Assistant Practice Act, R.S. 37:1360.21, et. seq. or the board's rules;

5. a finding by the board that the supervising physician has violated the Louisiana Medical Practice Act, R.S. 37:1261, et. seq. or the board's rules; or

6. expiration of a physician assistant's or supervising physician's license or registration of prescriptive authority for failure to timely renew/verify such license or registration.

B. A physician assistant's prescriptive authority is personal to the individual physician assistant and supervising physician who delegated such authority and shall not be transferred by notice of intent or otherwise, utilized by anyone other than the physician assistant to whom delegated, or placed on inactive status.

C. Registration of prescriptive authority shall be renewed annually by a physician assistant by submitting to the board an application for renewal upon forms supplied by the board, together with the supervising physician's verification of the accuracy of registration information on file with the board, and confirmation of compliance with the continuing education requirements prescribed by .1517.1.D.

D. Continuing Education. Every physician assistant seeking renewal of registration of prescriptive authority shall:

1. obtain 100 hours of continuing medical education biannually, or such greater number of hours as may be required by the NCCPA, in courses qualifying for NCCPA certification or recertification; and

2. pass the pharmacology/pharmacotherapeutic and all other segments of the NCCPA recertification examination every six years, or at such other intervals as the NCCPA may require, to maintain current NCCPA certification.

E. A physician assistant shall maintain a record of certificate of attendance for at least 4 years from the date of completion of the continuing education activity. Such

record shall be made available to the board within 30 days of its request.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1270(B)(6), R.S. 37:1360.23(D) and (F), R.S. 37:1360.31(B)(8).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Medical Examiners, LR

#### **§1519. Transfer of Certification**

A. . . .

B. Application for transfer of certification to a new supervising physician shall:

1. . . .

2. include:

a. the information and documentation prescribed by ~~§.1509-B.2-5~~ hereof with respect to the proposed new supervising physician, along with an application for registration of prescriptive authority if such is to be delegated, in accordance with .1509.1 and .1510.1; and

b. . . .

C.-F. . . .

G. A provisional transfer of certification shall not be deemed to qualify a physician assistant eligible for registration of prescriptive authority.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1270(B)(6), R.S. 37:1360.23(D) and (F), R.S. 37:1360.31(B)(8).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Medical Examiners, LR 4:111 (April 1978), amended LR 17:1104(November 1991), LR

Title 46  
PROFESSIONAL AND OCCUPATIONAL STANDARDS  
Part XLV: Medical Profession  
Subpart 3: Practice

Chapter 45. Physician Assistants

**§4501. Supervision by Supervising  
Group of Physicians**

A. A physician assistant may be supervised by a supervising group of physicians provided that, a member, partner or employee of the supervising group is designated as the supervising physician, and such supervising physician meets and satisfies all of the qualifications, procedures and other requirements of this Chapter to the same extent as if the physician assistant were supervised individually by the supervising physician. A physician assistant's authority to prescribe medication and/or medical devices under supervision of a supervising group of physicians shall be limited to the extent of authority delegated to the physician assistant by the supervising physician.

B. . . .

C. When a physician assistant is supervised by a supervising group of physicians, the supervising physician may designate any other member, partner or employee of the supervising group as locum tenens physician, provided that such designee meets the qualifications of ~~LAC 46:XLV.1508~~ and .1510 and the designation otherwise complies with said Sections. When a physician assistant is registered with the board to prescribe medication or medical devices a locum tenens physician shall also meet the qualifications prescribed by .1508.1 and shall be registered with the board pursuant to

.1510.1. Any physician serving as a locum tenens physician must be identified in the physician assistant's notice of intent to practice as provided in §.1517.

D. . . .

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1270(B)(6), R.S. 37:1360.23(D) and (F), R.S. 37:1360.31(B)(8).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Medical Examiners, LR 4:111 (April 1978), amended by the Department of Health and Hospitals, Board of Medical Examiners, LR 17:1105 (November 1991), LR 22:204 (March 1996), LR 25:31 (January 1999), LR

#### **§4505. Services Performed by Physician Assistants**

A. . . .

B. In accordance with a written clinical practice guideline or protocol medical services rendered by a physician assistant may include: screening patients to determine need for medical attention; eliciting patient histories; reviewing patient records to determine health status; performing physical examinations; recording pertinent patient data; performing developmental screening examinations on children; making preliminary decisions regarding data gathering and appropriate management and treatment of patients being seen for initial evaluation of a problem or follow-up evaluation of a previously diagnosed and stabilized condition; making appropriate referrals; preparing patient summaries; requesting initial laboratory studies; collecting specimens for blood, urine and stool analyses; performing urine analyses, blood counts and other laboratory procedures; identifying normal and abnormal findings on history, physical examinations and

laboratory studies; initiating appropriate evaluation and emergency management for emergency situations such as cardiac arrest, respiratory distress, burns and hemorrhage; performing clinical procedures such as venipuncture, intradermal testing, electrocardiography, care and suturing of wounds and lacerations, casting and splinting, control of external hemorrhage, application of dressings and bandages, administration of medications, intravenous fluids, and transfusion of blood or blood components, removal of superficial foreign bodies, cardio-pulmonary resuscitation, audiometry screening, visual screening, aseptic and isolation techniques; providing counseling and instruction regarding common patient problems; monitoring the effectiveness of therapeutic intervention; assisting in surgery; ~~and~~ signing for receipt of medical supplies or devices that are delivered to the supervising physician or supervising physician group; and, to the extent delegated by the supervising physician, prescribing legend drugs and controlled substances listed in R.S. 40:964 as Schedule III, IV and V substances and prescribing medical devices. This list is illustrative only, and does not constitute the limits or parameters of the physician assistant's practice.

C.-D. . . .

E. A physician assistant shall not:

1. practice without supervision, as defined by §.1503, except in life-threatening emergencies;
2. ~~issue prescriptions for any medication and/or~~ complete and issue prescription blanks previously signed by the a physician;
3. except to the extent delegated by a supervising physician, as evidenced by approval of registration on file with the board in accordance with .1507-.1510.1 of the board's rules:

a. issue prescriptions for any medication; or  
b. order for administration or administer any medication to any patient except pursuant to the specific order or direction of his or her supervising physician;

4.-6. . . .

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1270(B)(6), R.S. 37:1360.23(D) and (F), R.S. 37:1360.31(B)(8).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Medical Examiners, LR 4:111 (April 1978), amended by the Department of Health and Hospitals, Board of Medical Examiners, LR 17:1105 (November 1991), LR 22:204 (March 1996), LR 25:32 (January 1999), LR

**§4505.1 Services Performed by Physician Assistants Registered to Prescribe Medication or Medical Devices; Prescription Forms; Prohibitions**

A. 1. A physician assistant who is registered with the board pursuant to .1507.1 and 1509.1 of these rules to prescribe medication and/or medical devices may, to the extent of such registration and the authority delegated by such supervising physician:

a. issue prescriptions for medication or medical devices to a patient of the supervising physician;

b. transmit orally, electronically, or in writing on a patient's record a prescription or order to an individual who may lawfully furnish such medication or medical device; and

c. request, receive, sign for and deliver to a patient a bona fide medication sample.

2. The medical record of any patient for whom the physician assistant has prescribed medication or a medical device, or delivered a bona fide medication sample, shall be properly documented, reviewed and countersigned in accordance with .4511.A.4.

B. All prescriptions issued by a physician assistant shall include:

1. the preprinted name, address and telephone number of the physician assistant;

2. the patient's name and the date the prescription is written;

3. whether generic substitution is authorized;

4. the number of refills, if any; and

5. for a controlled substance, a space in which the physician assistant shall legibly print his DEA number.

C. A physician assistant who has been delegated prescriptive authority shall not:

1. utilize prescriptive authority without supervision, as defined by .1503, or at any location other than specified in the supervising physician's registration of delegation of prescriptive authority filed with the board, except in life-threatening emergencies;

2. prescribe medication or medical devices:

a. except to the extent delegated by a supervising physician, as evidenced by approval of registration on file with the board in accordance with .1507-.1510.1 of these rules;

b. beyond the physician assistant's education, training and experience;



c. outside of his specialty or that of the supervising physician;

d. in the absence of clinical practice guidelines or protocols specified by .1507.1.A.5;

e. except in compliance with all applicable state and federal laws and regulations;

f. when the supervising physician, or in his absence an approved locum tenens physician, and physician assistant do not have the capability to be in contact with each other by telephone or other telecommunication.

3. treat and/or utilize controlled substances in connection with the treatment of:

a. non-cancer related chronic or intractable pain, as set forth in .6915-.6923 of the board's rules;

b. obesity, as set forth in .6901-.6913 of the board's rules;

c. one's self, spouse, child or any immediate family member except in a life-threatening emergency;

4. sell or dispense medication, as set forth in .6501-.6561 of the board's rules;

5. issue a prescription or order for any Schedule I or II controlled substance contained or hereinafter included in R.S. 40:964; or

6. dispense or deliver any controlled substance sample.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1270(B)(6), R.S. 37:1360.23(D) and (F), R.S. 37:1360.31(B)(8).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Medical Examiners, LR

**§4511. Mutual Obligations and Responsibilities**

A. The physician assistant and supervising physician shall:

1.a.-b. . . .

c. any other change in the employment, functions, activities, ~~or~~ services or the nature or extent of delegation of prescriptive authority of the physician assistant or the manner or location of their performance;

2.-3. . . .

4. insure that, with respect to each direct patient encounter, all activities, functions, services, ~~and~~ treatment measures, medical devices or medication prescribed or delivered to the patient by ~~of~~ the physician assistant are properly documented in written form in the patient's record by the physician assistant and that each such entry is countersigned by the supervising physician within 24 hours with respect to inpatients in an acute care setting and patients in a hospital emergency department; within 48 hours with respect to patients of nursing homes and other sub-acute settings and within 72 hours in an office, clinic and all other ~~cases~~ practice settings.

5. insure that in those instances where a physician assistant with prescriptive authority has a primary practice site that is different from that of the supervising physician, that the supervising physician:

a. visits the physician assistant's primary practice site at least weekly during regular office hours and provides consultation to the physician assistant on any

issues, complications or other matters relating to the physician assistant's prescriptions for medication or medical devices;

b. personally sees any patient requiring physician follow-up; and

c. verifies that the prescriptive authority delegated to the physician assistant is being utilized in accordance with the clinical practice guidelines or protocols that are in place.

B. 1.-2. . . .

3. Clinical practice guidelines or protocols and any written practice agreement shall be annually reviewed, updated as appropriate, and signed by the physician assistant and supervising physician.

C. The physician assistant and supervising physician shall bear equal and reciprocal obligations to insure strict compliance with the obligations, responsibilities and provisions set forth in the rules of this Chapter, and to immediately report any violation or noncompliance thereof to the board.

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1270(B)(6), R.S. 37:1360.23(D) and (F), R.S. 37:1360.31(B)(8).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Medical Examiners, LR 4:112 (April 1978), amended by the Department of Health and Hospitals, Board of Medical Examiners, LR 17:1106 (November 1991), LR 22:206 (March 1996), LR 25:33 (January 1999), LR

**§4513. Causes for Nonissuance,  
Suspension, Revocation or  
Restrictions; Fines, Reinstatement**

A. The board may refuse to issue, or may suspend, revoke or impose probationary or other restrictions on, any license issued under this Chapter, or issue a private or public reprimand, for the following causes:

1.-15. . . .

16. violation of any provision of this Chapter, or of rules or regulations of the board or statute pertaining to physician assistants;

17. conviction or entry of a plea of guilty or nolo contendere to any crime an element of which is the manufacture, production, distribution, sale or exchange of any controlled substance;

18. prescribing legally controlled substances or any dependency-inducing medication without legitimate medical justification therefor or in other than a legal or legitimate manner; or

19. utilizing prescriptive authority in violation of any of the provisions of .1501-.1515 or .4501-.4513 of the board's rules.

B.-C. . . .

AUTHORITY NOTE: Promulgated in accordance with R.S. 37:1270(B)(6), R.S. 37:1360.23(D) and (F), R.S. 37:1360.31(B)(8).

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Board of Medical Examiners, LR 4:112 (April 1978), amended by the Department of Health and Hospitals, Board of Medical Examiners, LR 17:1107 (November 1991), LR 22:206 (March 1996), LR 25:33 (January 1999), LR

